

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	28/02/2018 12:05
Date Of Accident	28/02/2018 09:25
Exact Location Of Accident	TELOK BLANGAH WAY TURN LEFT TO TELOK BLANGAH CRES
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5145B
Insured/Policyholder	
Name Of Registered Owner	KARZ-TA LEASING
Co Reg No	53318368E
Email Address	KARZTALEASING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94508445
Alternative Phone No	OFFICE-84533933

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084904286-01
Cover Note Number	

Driver

Name of Driver	LEE TIAN SIONG
NRIC No	S6921051A
Date Of Birth	15/06/1969
Occupation	OUTDOOR
Date Of Driving Pass	23/04/2001
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94508445
Fax Number	
Contact Number	OTHERS-84533933
Email Address	KARZTALEASING@GMAIL.COM

Address	BLK 11 YORK HILL #12-120
Postcode	162011
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KIM SENG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: 5 BEO CRESCENT , POSTCODE: 169981 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2718999 - FAX NO: 63772527
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180228/2098

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS3863P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJG7622D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJD206J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LEE TIAN SIONG
Approximate Age
Injuries Sustain SLIGHT INJURY
Injured person in which vehicle? SLQ5145B
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



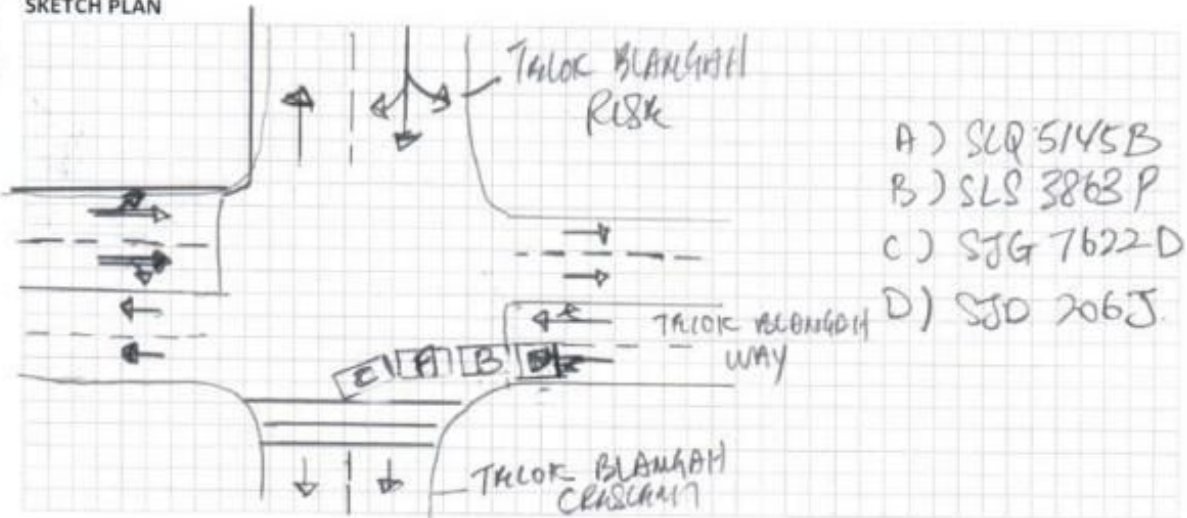
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel Signature
Name: *an 28/02/2018*
NRIC/FIN No.: *Redi watan*

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic light just turn green and just to move off while turning left suddenly pedestrian crossing. SJG 7622D stop and also stop in time then SLS 3863P hit my rear of car. SLQ 5145B. Rear was badly damage

POLICE REPORT T/20680228/2098

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: *John Watson*
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180228/2098

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No: 1800-2718999

1 of 3

Report No. T/20180228/2098

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/02/2018 16:49		Vide Report No.:		Station Diary No.: 25	
Informant's Particulars					
Name of Informant: LEE TIAN SIONG			Address: APT BLK 11 YORK HILL #12-120 SINGAPORE 162011		
ID Type / ID No.: NRIC NO / S6921051A			Contact No.: Home/Office: Mobile: 84533933		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 15/06/1969	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/02/2018 09:25	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TELOK BLANGAH WAY TELOK BLANGAH CRESCENT At the X junction of Telok Blangah Way and Telok Blangah Crescent.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJD206J	Car				Seriously Damaged	0
SJG7622D	Car				Slightly Damaged	0
SLQ5145B	Car				Slightly Damaged	0
SLS3863P	Car				Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180228/2098

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No: 1800-2718999

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Report No. T/20180228/2098

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LEE TIAN SIONG	ID No.	S6921051A
Related Vehicle	SLQ5145B (Car)	Contact No.	84533933
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	28/02/2018	Date Discharge	28/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

On 28/02/2018 at about 0925hrs I was driving along Telok Blangah Way towards Bukit Purmei Avenue and a minor accident occurred at the Junction of Telok Blangah Way and Telok Blangah Crescent.

I was on Telok Blangah Way and was about to turn left into Telok Blangah Crescent. The traffic light was green and the predestrain crossing was on green as well, I was the 2nd vehicle and the 1st vehicle stopped for the predestrain to cross as such I slowed down and eventually came to a halt.

However, right when I came to a stop, the vehicle behind me collided into my vehicle and I collided into the first vehicle in front of me.

It was a chain collision between 4 vehicles and I was the 2nd vehicle. The vehicles order as follow:

- 1st vehicle - SJG7622D
- 2nd vehicle - SLQ5145B
- 3rd Vehicle - SLS3863P
- 4th Vehicle - SJD206J

Nobody was injured. As it was a 2 lane road and we did not want to jam up the road, no particulars were exchanged and all the driver took down photos of the accident and left the area.

After the incident I fell stiffness and numbness in my neck, and right body area as such I went to consult the doctor at Singapore General Hospital and was given 3 days Medical Leave.

I am lodging this report for insurance purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180228/2098

Police Station Of Origin:
Kim Seng NPP
5 Beo Crescent SINGAPORE 169981
Tel No: 1800-2718999

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Report No. T/20180228/2098

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 TEO TECK CHUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/02/2018 16:49
Officer In Charge Of Case: TP / AEIT / SSI 2 SITI MARSITA BINTI BOHARI Contact No: 65474885 SN 065	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	

POLICE REPORT

SIGNATURE	
POLICE OFFICER	
200 112	



Singapore
General Hospital
SingHealth

Department of Emergency Medicine
Outram Road
Singapore 169608
Tel : (65) 6321 4103
Fax : (65) 6226 0924
Reg No : 1987639072

ORIGINAL

MEDICAL CERTIFICATE

EMD201880779

Name LEE TIAN SIONG		NRIC No. S6921051A	
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>28-Feb-2018</u> to <u>02-Mar-2018</u> inclusive.			
Type of medical leave granted :			
<input type="checkbox"/> Hospitalization Leave		<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____		<input type="checkbox"/> Maternity Leave, Delivered on : _____	
Discharged on : _____		<input type="checkbox"/> Sterilization Leave, Operated on : _____	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments : _____			
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.			
Hospital/Clinic Emergency Medicine Singapore General Hospital		Ward No. Emergency Department Date 28-Feb-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. TERENCE CHONG KEE LIEM, 62723B



Organisation Accredited by
Joint Commission International

Accident Photo



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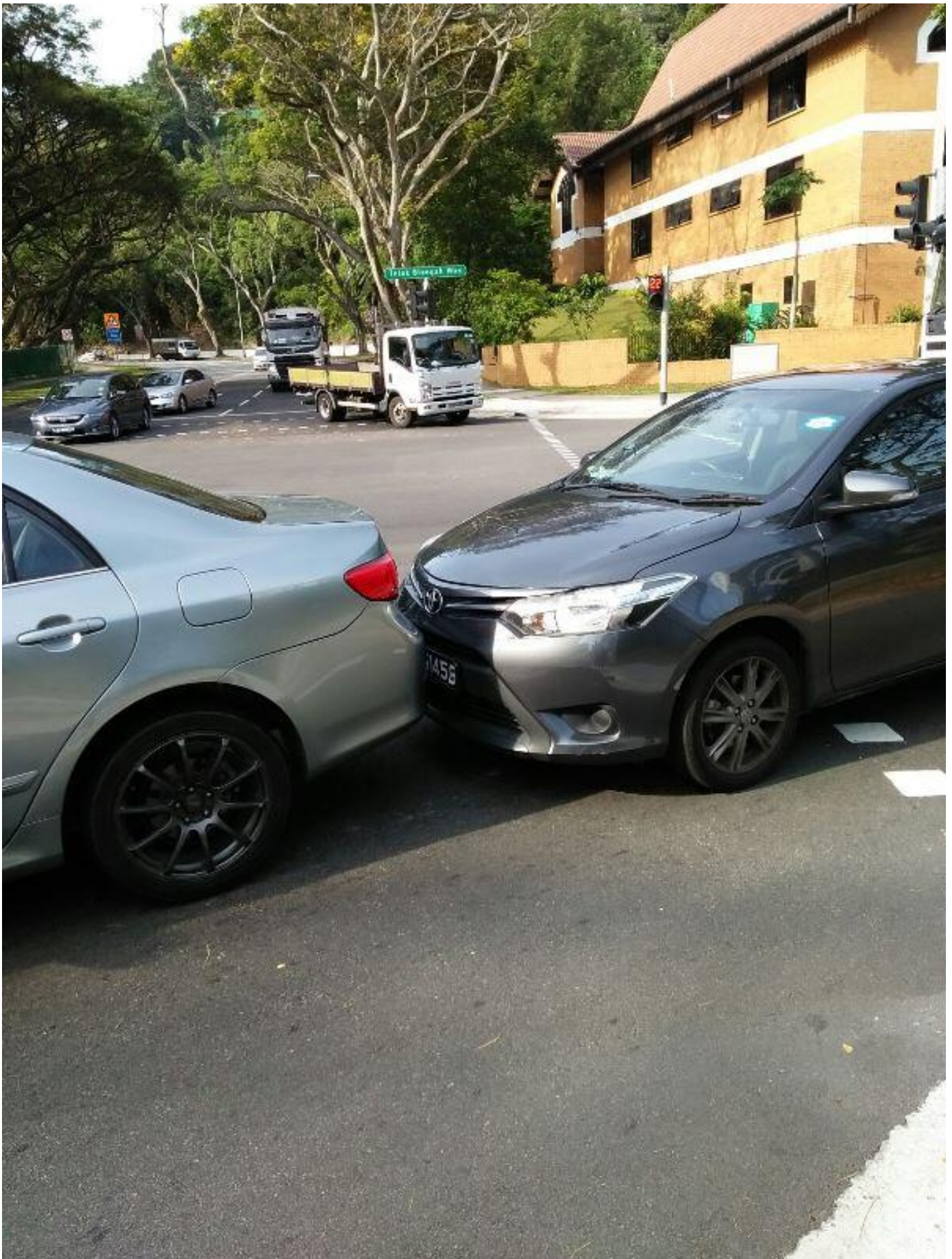
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